

patellofemoral pain syndrome group (n = 50) and the asymptomatic control group (n = 50). All participants completed standardized questionnaires, including the Visual Analog Scale (VAS), Positive and Negative Affect Schedule (PANAS), and Pain Self-Efficacy Questionnaire (PSEQ-10). Functional clinical testing was performed using the Vertical Jump test. Mann-Whitney test was used for intergroup comparisons of patient perception and functional test variables due to non-normality (Shapiro-Wilk test), with a significance level of 5%.

Results: The PFPS group exhibited higher pain intensity (VAS: 4.0 [4.17; 5.1]) compared to the Control group (p = 0.001). Positive affect was 15% lower in the PFPS group (29.0 [26.2; 29.8]) compared to the Control group (34.0 [32.3; 35.9]), while negative affect was 35% higher (23.0 [20.8; 25.2]) vs. Control group (15.0 [14.5; 17.1]; p = 0.001). Pain self-efficacy was 23% lower in the PFPS group (46.0 [42.0; 47.9]) compared to the Control group (60.0 [59.5; 60.1]; p = 0.001). Functional performance (Vertical Jump test) was 28% lower in the PFPS group (17.4 cm [16.7; 19.0]) compared to the Control group (24.24 cm [23.9; 26.8]; p = 0.001).

Conclusion: Women with PFPS demonstrate higher negative emotions and lower positive emotions, as well as reduced pain self-efficacy, compared to women without PFPS. Additionally, women with PFPS exhibited poorer performance on the vertical jump test.

Implications: This study suggests that patients with patellofemoral pain syndrome exhibit more pessimistic cognitions, lower pain self-efficacy, and impaired functional performance compared to women without PFPS. These findings underscore the importance of considering emotional and psychosocial factors in the assessment and understanding of PFPS.

Keywords: Patellofemoral pain syndrome, Proms, Functionality

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IMPACT OF PHOTOBIMODULATION LASER AURICULOTHERAPY ON ANXIETY SYMPTOMS IN PATIENTS WITH TEMPOROMANDIBULAR DISORDER

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Background: Anxiety is common among TMD patients and often exacerbates pain and muscle tension. PBM laser auriculotherapy has been used to treat pain and may also help manage anxiety. This study aimed to investigate the impact of PBM laser auriculotherapy on anxiety symptoms in TMD patients.

Objectives: The primary objective was to assess the effect of PBM laser auriculotherapy on anxiety symptoms in TMD patients.

Methods: This randomized, controlled crossover trial included 22 TMD patients. Participants received PBM laser auriculotherapy twice a week for 4 weeks. The Generalized Anxiety Disorder Scale (GAD-7) was used to evaluate anxiety levels before and after the intervention. The experimental and placebo groups crossed over after a washout period.

Results: No significant difference in anxiety reduction was found between the EG and PG (p = 0.44).

Conclusion: The findings suggest that PBM laser auriculotherapy did not significantly reduce anxiety symptoms in TMD patients.

Implications: PBM laser auriculotherapy may not be effective for managing anxiety in TMD patients in the short term. Further research is required to assess the long-term effects and explore different treatment protocols.

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PRESSURE PAIN THRESHOLD IN PATIENTS WITH CHRONIC POST-TRAUMATIC PAIN

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Background: Musculoskeletal traumas have increased over time, raising healthcare costs. Chronic and neuropathic pain impact sleep and quality of life. Assessing the pressure pain threshold (PPT) is crucial for improving treatments and recovery outcomes.

Objectives: To investigate the correlation between PPT in patients three months after upper limb musculoskeletal trauma and sleep quality and neuropathic pain characteristics while still hospitalized.

Methods: This study included 18 adult patients of both sexes with acute musculoskeletal trauma in the upper limb three months prior. Sleep quality was assessed using The Pittsburgh Sleep Quality Index (PSQI), with a global score ranging from 0 to 21, where scores above 5 indicate moderately impaired sleep quality. Neuropathic pain was evaluated using The Leeds Assessment of Neuropathic Symptoms and Signs (LANSS), with scores ranging from 0 to 24, where scores above 12 indicate neuropathic pain. Both questionnaires were administered while patients were still hospitalized. The pressure pain threshold was measured using a digital algometer on the upper trapezius and tibialis anterior muscles bilaterally three months post-injury. Spearman's correlation test was used significance level 5%, with correlations classified as weak ($\rho = 0.10-0.30$).

Results: In this cross-sectional study, 18 patients were evaluated, with a mean age of 40.78 (15.32) years, predominantly male (66.7%) and female (33.3%). The causes of injuries were work-related accidents (44.44%), traffic accidents (44.44%), and domestic incidents (11.11%), including falls from height. Fractures were present in 88.90% of cases, with 11.10% involving injuries in multiple locations, distributed as follows: shoulder/scapular girdle (33.30%), arm (22.20%), elbow (11.10%), forearm (5.60%), wrist (11.10%), and hand (16.70%). The mean PSQI score was 9.7 (5.0), indicating moderately impaired sleep quality. The mean LANSS score was 7.7 (5.3), below the cutoff of 12, suggesting no significant neuropathic pain component on average. The mean pressure pain thresholds (PPT) and standard deviations varied across sites: affected-side upper trapezius 6.1 (4.4) kg/cm², contralateral upper trapezius 6.0 (4.6) kg/cm², affected-side tibialis anterior 7.9 (5.3) kg/cm², and contralateral tibialis anterior 8.0 (4.8) kg/cm². A moderate negative correlation was found between the PPT of the affected-side upper trapezius and sleep quality ($r = -0.5$, $p = 0.04$), indicating that worse